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Bib Data Sheet

CONFIRMATION NO. 7283

|                             |  |              |                        |                                |
|-----------------------------|--|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/075,120 | FILING OR 371(c)<br>DATE<br>02/13/2002<br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3736 | ATTORNEY<br>DOCKET NO.<br>6370 |
|-----------------------------|--|--------------|------------------------|--------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/268,296 02/13/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\***  
**\*\* 04/10/2002**

|                                 |   |                        |                        |                       |                            |
|---------------------------------|---|------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>IL | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                        |                       |                            |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                        |                        |                       |                            |

**ADDRESS**

22922

**TITLE**

SPINAL PROPRIOCEPTION METHODS AND RELATED SYSTEMS

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>539 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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